

DOCKET NO. 194917US2

#3

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

IN RE APPLICATION OF:

: MAY 25 2001

Hideo ABE, et al.

: Technology Center 2000

SERIAL NUMBER: 09/625,359

: ATTN:

FILED: July 25, 2000

: APPLICATION DIVISION

FOR: PAPER IDENTIFICATION COUNTER AND  
PAPER IDENTIFICATION AND COUNTING  
METHODREQUEST FOR OFFICIAL FILING RECEIPTHonorable Commissioner of Patents & Trademarks  
Washington, D.C. 20231

Sir:

The Patent Office is respectfully requested to provide  
an Official Filing Receipt for the above-identified  
Application.

If you have any questions, please contact the  
undersigned.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

22850

Karen L. Hudson  
Operations Supervisor(703) 412-6236  
Fax: (703) 413-2220



## UNITED STATES PATENT AND TRADEMARK OFFICE

FILE COPY

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6735

SERIAL NUMBER 09/625,359	FILING DATE 07/25/2000 RULE	CLASS 382	GROUP ART UNIT 2721	ATTORNEY DOCKET NO. 194917US2
-----------------------------	-----------------------------------	--------------	------------------------	-------------------------------------

## APPLICANTS

Hideo Abe, Residence Not Provided;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 09/13/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING 23	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

22850

## TITLE

Paper identification counter and paper identification and counting method

FILING FEE RECEIVED 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------	---	---